

**Testimony of National Alliance on Mental Illness (NAMI) of Connecticut
Before the Children Committee**

February 14, 2013

Regarding:

Proposed S.B. No. 169: An Act Concerning the Assessment and Delivery of Mental Health Services and Interventions for Children

Proposed S.B. No. 650: An Act Creating a Parents' Support Hot Line for Parents of Children Exhibiting Behavioral Health Issues

Proposed H.B. No. 5567: An Act Concerning Children's Mental Health

In Support of:

Proposed S.B. No. 652: An Act Concerning Referrals from the Department of Children and Families to the Birth to Three Program

Senator Bartolomeo, Representative Urban, and distinguished members of the Children Committee, my name is Sara Frankel and I am the Public Policy Director for Children, Youth and Young Adults with the National Alliance on Mental Illness (NAMI) of Connecticut. NAMI Connecticut is the state affiliate of NAMI, the nation's largest grassroots mental health organization dedicated to building better lives for all those affected by mental illness. NAMI Connecticut offers support groups, educational programs, and advocacy for improved services, more humane treatment and an end to stigma and economic and social discrimination. We represent individuals who actually live with mental illness and parents and family members of individuals living with mental illness. I am here today on behalf of NAMI Connecticut to offer the following recommendations:

Proposed Senate Bill 169, *An Act Concerning the Assessment and Delivery of Mental Health Services and Interventions for Children*, and Proposed House Bill 5567, *An Act Concerning Children's Mental Health*, both seek to enhance the early identification methods of children who may be experiencing social, emotional, behavioral and mental health related issues. Proposed Senate Bill 169 specifically calls for local and regional boards of education to help in the identification and screening process. Screening for the health and well-being of children is a well-established practice in this country. We screen for vision, lead poisoning, hearing, scoliosis, tuberculosis, appropriate developmental progress and more.

However, currently twenty percent of all children have a diagnosable mental health condition and only a quarter of these children have access to the services they need and deserve. This indicates that we are not doing enough to identify children and adolescents who may be experiencing social, emotional, behavioral or mental health related issues. Unidentified and

untreated mental illness is associated with serious consequences for children, families and communities.¹

NAMI Connecticut, therefore, supports efforts that aim to reduce the under-identification of youth with mental illness. However, we cannot increase identification without ensuring that the necessary services are available.

Additionally, it is important to note that when establishing systems for mental health screening, it is necessary that the following guidelines and protections be in place:

1. Mental health screening must be voluntary and available for all children.
2. Parental consent or consent from legally authorized surrogates must be obtained for all mental health screening.
3. Mental health screening must not be used in a discriminatory manner.
4. All individuals administering mental health screening must be appropriately trained and qualified both to administer the screening instruments and to interpret the results.
5. All information related to screening must be kept strictly confidential and the privacy of youth and their families must be protected.
6. All mental health screening instruments must be shown to be reliable and effective in identifying children in need of further assessment.
7. Validity studies must be done to ensure that screening instruments are culturally and linguistically appropriate and administered in a manner appropriate for culturally and racially diverse communities.
8. Schools must never use mental health screening results or the refusal to consent to screening as a basis for any adverse action against a child or family.
9. All children identified through screening as potentially requiring mental health services must be referred for an immediate comprehensive mental health evaluation by a qualified and trained professional.
10. Children ultimately identified as requiring mental health services must be immediately linked to and offered appropriate treatment and services and provided with comprehensive information about treatment options, the mental health treatment system, and family and community support resources.

Appropriately identifying youth with mental illnesses and intervening with appropriate and accessible service options, including Comprehensive School Based Health Centers which provide both primary and mental health care on school grounds, leads to better outcomes.

¹ NIMH, Mental Illness Exacts Heavy Toll: Beginning in Youth, 2005.

In addition to mental health assessments, Connecticut must do a better job of training school personnel, along with family members, about mental illnesses to raise awareness and eradicate stigma. NAMI Connecticut stands ready to help the state identify and replicate programs that have already been successful in several Connecticut communities and nationwide. For example,

NAMI's *Parents and Teachers as Allies* is a program that unites school personnel and family members with the resources they need to address challenging behaviors that may be linked to mental illness. The program offers mainstream educators, school administrators and parents with an in-service training covering the neurobiological basis of mental illness, the signs and symptoms associated with early onset of serious mental illness in children as well as local and state resources to share with parents.² Additionally, school personnel should know when to refer to Emergency Mobile Psychiatric Services (EMPS) instead of law enforcement. EMPS is a great resource that can be strengthened and utilized more often.

Proposed Senate Bill 650, *An Act Creating a Parents' Support Hot Line for Parents of Children Exhibiting Behavioral Health Issues*, seeks to provide more information and help to parents. NAMI Connecticut agrees that the more information and resources available to parents, the better equipped they are to support their children who may be experiencing behavioral health issues. In fact, NAMI offers education and support programs where caregivers can learn more about mental illness and how to best support their loved one in recovery. For example, the *NAMI Basics* program is a community education course targeted to parents and caregivers of children and adolescents with mental illness and is taught by trained teachers who are the parent or other caregivers of individuals who developed the symptoms of mental illness prior to the age of 13 years.³ However, with United Way of Connecticut's 2-1-1 already in operation, we would recommend improving awareness of 2-1-1 as a place to go for support and information regarding behavioral health services and supports.

Finally, NAMI Connecticut supports proposed Senate Bill 652, *An Act Concerning Referrals from the Department of Children and Families to the Birth to Three Program*, as it seeks to ensure that infants and toddlers who have been substantiated victims of abuse or neglect have timely access to early intervention services, including social and emotional supports. It is well known

² The *Parents and Teachers as Allies* program has produced positive outcomes for school professionals in diverse schools across the country. (Results by Deborah Medoff, Ph.D., Lisa Dixon, M.D., M.P.H. University of Maryland School of Medicine, Department of Psychiatry.) Additionally, in 2005, Minnesota passed a state law that requires all teachers, as part of their recertification process, to receive training on mental health related issues. The training that is currently used to fulfill this requirement is based on NAMI's *Parents and Teachers as Allies*.

³ For additional information about NAMI Basics, see http://www.nami.org/template.cfm?section=nami_basics1. Also, NAMI's *Family-to-Family* program demonstrates the value of free, community-based self-help programs as a "complement" to professional mental health services. <http://www.nami.org/Template.cfm?Section=Family-to-Family&template=/ContentManagement/ContentDisplay.cfm&ContentID=126774>

that children who have been abused or neglected are at risk of early childhood mental and behavioral health issues. Creating an automatic referral system to the Birth to Three Program would ensure that our most vulnerable children do not fall through the cracks.

Thank you for your time. I am happy to answer any questions you may have.